

STATE OF ALABAMA DEPARTMENT OF LABOR

100 NORTH UNION STREET-SUITE 620 P.O. BOX 303500 MONTGOMERY, ALABAMA ZIP 36130-3500

PHONE (334) 242-3460

FAX (334) 240-3417



Ralph Pate Chief Inspector Elevator/Boiler Safety Division

Boiler and Pressure Vessel Inspection Report
PDATE | CERT POSTED | INVOICE FOR INSP. | JURISDICTION CERT. EXP DATE JURISDICTION # DATE INSPECTED Nat'l BD [] or Ser # [] YES[] NO[] YES[] NO[] OWNER NAME NATURE OF BUSINESS TYPE INSP PERMIT# INT[] EXT[] OWNER STREET ADDRESS AND P.O.BOX OWNER CITY OWNER STATE OWNER ZIP LOCATION NAME SPECIFIC LOCATION **OBJECT LOCATION COUNTY** LOC CITY LOC STATE LOC ZIP LOCATION ADDRESS LONGITUDE LATITUDE **ALABAMA** TYPE BOILER MANUFACTURER MAN HOLE **FUEL** WT _ COIL ELECT BLR_ OTHER YES____ FIRING METHOD **BOILER USE:** NO_ Other St Ht Hwh N/A Process Hws TYPE PRESSURE VESSEL Nitrogen_ Water_ _Autoclave_ _Hot Water____Oxygen_ Heat Exchanger_ Other PRESSURE VESSEL USE CONTROLS TESTED
 Process
 Storage
 Service
 Other
 (explain)

 DIMENSIONS
 (length width height etc.) indicate in. and/or ft.
 I
 NO BOILER CAPACITY (indicate ht surface, lbs/h btu/h etc.) ASME CODE SYMBOL YEAR BUILT MAWP NO. OF SAFETY-RELEIF SAFETY-RELIEF VALVES SET TOTAL SAFETY-RELIEF VALVE PRESSURE GAGE VALVES ΑT CAPACITY, lbs/h btu/h cfm etc.) TESTED? YES NO_ **Special Billing Instructions:** Send Invoice to: Owner [] Location [] Contact Name_ Send Certificate to Owner [] Location [] phone number_ Violations / required action / compliance date(s) Fee Schedule: CERTIFICATE **INSPECTION** Signature of Inspector Inspector AL CoC # **Company Name** Contact and phone number I certify this is a true and correct report of my inspection.